3-5 Uterine Inversion v.1

Abnormal descension of uterine fundus through genital tract

START

1. **Call for help** (obstetrician, midwife, anaesthetist)
   - **Ask**: "who will be the team leader?"
   - **Team leader assigns** checklist reader and scribe
2. **Check clinical status using ABCDE approach**
   - Lie woman flat
   - Start continuous monitoring: SpO_2, respiratory rate, 3-lead ECG and blood pressure
   - Give oxygen at 15 L/min via reservoir mask, titrate to SpO_2 95-98%
   - Insert wide-bore IV access, send bloods FBC, clotting, cross match 2units
   - Treat shock ➔ go to (**Box A**) -*and*- manage inversion ➔ 3
3. **Check placental attachment**
   - Do not remove placenta if still attached
4. **Attempt manual replacement of uterus**
   - If successful ➔ keep hand in place -*and*- commence post replacement actions (**Box B**)
   - If unsuccessful ➔ alert theatres -*and*- alert anaesthetist (**Box C**)
5. **Transfer to theatre**
   - Repeat attempt at manual replacement of uterus
   - If uterine relaxant needed ➔ give terbutaline 0.25 mg SC -*or*- GTN spray sublingual
   - If hydrostatic replacement needed ➔ request equipment -*then*- start procedure (**Box D**)
6. **Failed manual manoeuvres ➔ perform laparotomy by obstetrician**
   - Apply upward traction on the uterus from within the abdominal cavity
7. **Following successful replacement ➔ commence post replacement actions** (**Box B**)

Box A: Drug doses and treatments

- Bradycardic shock ➔ Atropine (0.5 mg bolus IV to max 3 mg)
- Hypovolaemic shock ➔ IV Hartmann's 250 ml bolus(es) warmed

Both types of shock can coexist in uterine inversion

Box B: Actions after uterine replacement

- If placenta in situ ➔ perform manual removal in theatre
- Commence oxytocin
- Administer antibiotics
- Prepare for atonic PPH (>90% cases suffer PPH)

Box C: Considerations for anaesthesia

- Check for most appropriate mode of anaesthesia, general or regional
- Consider estimated blood loss and haemodynamic status
- Anticipate and manage haemodynamic instability at induction (GA or RA)
- **Avoid phenylephrine bolus, especially if bradycardic**

Box D: Hydrostatic replacement equipment

Equipment needed:

- Silastic vacuum cup
- Warm normal saline 500ml
- Pressure bag

Method:

- Infuse warm crystalloid fluid into vagina through silastic vacuum cup

Box E: Critical changes

Postpartum haemorrhage ➔ **2-6**